SUMMARY OF RESEARCH FINDINGS ON THE NUTRITIONAL STATUS AND RISK FACTORS FOR VULNERABILITY OF OLDER PEOPLE IN AFRICA

HelpAge International
Africa Regional Development Centre
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Baseline survey on oral health, feeding patterns and nutritional status of older people in Dagoretti Division, Nairobi District

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Background
The older population in Africa, currently estimated to be slightly over 42 million, is projected to reach 205 million by 2050, a six-fold increase in five decades. Over this time period, it is estimated that the population aged 60 years and above in Kenya will have increased from the current 1.3 million to 7.2 million. The majority of Kenyans do not retire from work until they are physically incapacitated. The traditional support system for the older people which is the nuclear and extended family system, has been eroded over the years due to rural-urban migration and the consequences of the HIV/AIDS pandemic.

Objectives
A baseline survey was conducted in Dagoretti Division of Nairobi Province, Kenya, to assess the dietary patterns and oral health of the elderly.

The objectives of the survey were to:
1. Assess oral health status, nutritional status and associated risk factors in older people;
2. Develop recommendations for policy planning and programme development for the health and nutrition of the older people;
3. Advocate for inclusion of older people in health and nutrition policies in Kenya, and in the training curricula of oral health personnel.

Methodology
As well as the quantitative and qualitative information collected using a semi-structured questionnaire, oral health status was assessed by dental examination using a modified version of a World Health Organization (WHO) examination form. Dental and nutritional assessment were conducted among older people aged 45 years and older.

Main findings
A total of 289 randomly selected households were included in the study, from which one person aged 45 years and above was interviewed per household. The mean household size was 3.26, ranging from 1 - 8 persons per household. The mean age was 60.6 years (range = 45-115 years). Level of literacy among the respondents was low, with only 8.3% and 7.6% having completed primary education and secondary education, respectively. Few (2.1%) of respondents had tertiary level education, beyond secondary school. About half of the respondents were widowed, separated or divorced, and over half (54.5%) of the households were female-headed.

The major problem faced by the elderly was lack of access to finances (58.5%). Their main sources of income included small businesses, casual work, small-scale farming, gifts and livestock keeping. Only 9.7% were in formal employment. The monthly household income was distributed as follows: 56.0% had an income of US$ 38.5 and below; 32.2% had an income of US$ 38.6-102.6; while only 11.8% had an income of more than US$ 102.6.
Most respondents lived close to a health facility (mean distance of 2.24 km), and 86% sought treatment at these facilities when they were ill. Most respondents (76.6%) paid for the services. The most common health conditions affecting the older people across all age groups were reported to be malaria (50.5%), upper respiratory tract infections (11.3%), arthritis (8.4%), and prolonged cough/tuberculosis (6.6%).

Most of the households purchased their food from the market and, of those who grew their own food, only 20.5% indicated that the food they grew was sufficient to meet their household needs. The majority (71.1%) indicated that their budget allocation for food was inadequate and three-quarters (75.8%) of respondents considered themselves live in poverty.

Cereals such as maize sorghum and millets, starchy staples (potatoes, yams etc), fruits/vegetables, grains and legumes were commonly consumed foods, eaten on a weekly basis. The prevalence of malnutrition, using a MUAC reference of <24 cm was 18.8%, and using a BMI reference of <18.5 was 11.4% (15.3% and 10.0% in men and women respectively). Forty-six percent had a desirable nutritional status while a large proportion (40.9%) was overweight (48.0% of women and 25.9% of men).

The main risk factors for the older people were poverty (75.8%), eye problems (45%), caring for grandchildren (37.0%) a low budget for food (70.6%), disease (56.7%), death of a loved one (35.6%), poor physical strength (22.5%), and 35.3% were on medication. Almost half of the older people (49.1%) were suffering from dental and chewing problems. The most common dental problems were gum disease, tooth decay, tooth mobility and missing teeth.

**Conclusion**

The major problem faced by older Kenyans in urban areas is inadequate access to economic resources, food and health care. The responsibility of having to care for abandoned and orphaned grandchildren further contributes to their economic difficulties.

Over a tenth of older adults are underweight, but obesity was not uncommon. The study identified that dental problems are evident in over half of the older people, but that dental care services were not affordable.

**Key messages**

- There is need to improve access to dental health services of older adults within the Nairobi district of Kenya.
- The high levels of poverty in this age group require the development and implementation of income-generating strategies.
- Government social welfare policy needs to address the burden of child-care experienced by grandparents.
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The risk factors and nutritional status of older people in Africa